

**Request for
payment of outstanding share**

N.B. this form only applies to foreign bank accounts

Name and Swedish personal identity number

First name and surname		Swedish personal identity number
Address		Zip code
City	Country	Foreign Tax Identification Number (TIN)
Phone number	E-mail address	

Foreign bank account to which payment must be made

Account number /IBAN:
Bank
SWIFT/BIC-Kod:

Signature

Date	Signature
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Scan and send by mail to stiftelsen@volvo.com or send by post to: Stiftelsen Volvoresultat, M2.7, 405 08 Göteborg